

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>CS</i>	59229	12/19
FORMALITY REVIEW			1/4/99

### INDEX OF CLAIMS

☒ Rejected  
☒ Allowed  
☒ (Through numeral) Canceled  
☒ Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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